



# BARTS GUILD

## Order Cancellation Form

Please complete this form in **BLOCK CAPITALS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_

County: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Tel. (mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

### CANCELLATION OF ORDER

Please state the date when you placed the order: \_\_\_\_\_

I hereby give notice that I cancel my contract of sale of the following goods:\*  
*Please state each item ordered, including quantity, and also the colour/size if applicable*

<u>PRODUCT</u>	<u>QUANTITY</u>	<u>SIZE/COLOUR</u>

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed, please send this form to:

**Barts Guild Shop,  
St Bartholomew's Hospital, West Smithfield, London EC1A 7BE**